

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 05-OCT-2016		TIME 10:28:00	2. ADDRESS OF OCCURRENCE 4749 W ROOSEVELT RD CICERO, IL			3. LOCATION CODE 304	4. BEAT/OCCUR 3100	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO			
MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	6. POSITION 9161	7. LAST NAME MOUSSA	8. FIRST NAME GEORGE	9. STAR NO. 5509	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE WHI	12. AGE 511	13. HT. 511	14. WT. 250		
	15. DATE OF APPT. 29-SEP-2003	16. EMPLOYEE NO. 015	17. UNIT & BEAT OF ASSIGNMENT 1532	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	21. LAST NAME HUFF	22. FIRST NAME PARTA	23. M.I.	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE BLK	26. D.O.B. 04-JUN-1988	27. HT. 600	28. WT. 200			
	29. ADDRESS 1936 8TH AVE MAYWOOD, IL		30. TELEPHONE NO.	31. WAS SUBJECT ARMED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input checked="" type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		35. WHERE WAS MEDICAL TREATMENT OBTAINED? LORETTO HOSPITAL								
	36. BY WHOM? DR. JOHNSON				37. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	38. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****				39. CB NO. 19380592	IR NO. <input type="checkbox"/> DNA					
	REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	40. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>
		OTHER _____					OTHER _____	PERCEIVED AS _____	OTHER _____	OTHER _____	PERCEIVED AS _____
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	ESCORT HOLDS <input type="checkbox"/>	WRISTLOCK <input type="checkbox"/>	ARMBAR <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	ELBOW STRIKE <input checked="" type="checkbox"/>	KNEE STRIKE <input checked="" type="checkbox"/>	FIREARM <input type="checkbox"/>
							CANINE <input type="checkbox"/>	OC CHEMICAL WEAPON <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>	KICKS <input checked="" type="checkbox"/>	
							TASER (Probe Discharge) <input checked="" type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____
							01 <input checked="" type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input type="checkbox"/>	01 <input checked="" type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input checked="" type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	
							TASER (ARC Cycle) <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____		
							01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	
							OTHER _____	OTHER _____	OTHER _____	OTHER _____	
	OTHER TASER WAS DEPLOYED 15X										
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	41. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) C6202E7K2,			RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member				
	46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS CLEAR			
	50. MAKE/MANUFACTURER			51. MODEL		52. BARREL LENGTH		53. CALIBER/GAUGE			
	54. TASER DART ID NO. C6202E7K2,		55. WEAPON SERIAL NO. (Include Letters) X30003671		56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.		58. HANDGUN CERTIFICATE NO.		
	59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 3		63. TOTAL NO. OF SHOTS MEMBER FIRED		
	64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. NO OF CARTRIDGES/SHOT SHELLS RELOADED		67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		68. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
	68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD								
	71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
	73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION		74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
75. EVENT NO. 1627905409											
76. R.D. NO. HZ461186											

1627905409

CASE INFORMATION

77. NOTIFICATIONS (ALL INCIDENTS) IMMEDIATE SUPERVISOR DSS OF DISTRICT OF OCCURRENCE
 NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): OEMC CPIC
 NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): OEMC
 Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

78. ADDITIONAL INFORMATION

HZ461867

SIGNATURES

79. REPORTING MEMBER (Print Name)
MARTIN, DALE J
05-OCT-2016 20:02:17

STAR/EMPLOYEE NO.
2065

SIGNATURE

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

80. REVIEWING SUPERVISOR (Print Name)
MARTIN, DALE JSTAR NO.
2065

SIGNATURE

DATE REVIEWED TIME
05-OCT-2016 20:36:32

Additional discharged weapons:

DNA

WEAPON DISCHARGE INCIDENT

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54. TASER DART ID NO. C6202E7K2,		55. WEAPON SERIAL NO. (Include Letters)		56. CHICAGO GUN REG. NO.	57. IL FIREARM OWNER ID. NO.
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 3
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1627905409

HZ461867

**SUBJECT
INFORMATION**

40. CHARGES PLACED

720 ILCS 5.0/9-1-A-3, 720 ILCS 5.0/12-3.05-A-3, 720 ILCS 5.0/12-3.05-A-3, 720
ILCS 5.0/12-3.05-A-3, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4, 720
ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 625 ILCS
5.0/11-501-A-6, 625 ILCS 5.0/11-601-A, 625 ILCS 5.0/6-101, 625 ILCS 5.0/3-707,
625 ILCS 5.0/3-701-1

DNA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

 DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is currently under investigation for a felony offense. Felony charges are pending. An interview at this time could compromise the integrity of the investigation and as such, no interview took place. Subject received medical treatment and was released from Loretto Hospital, where he was seen by Dr. Johnson.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

After reviewing the information available at this time, including available reports and BWC footage for P.O. Warner #11510, R/Lt has concluded that the subject was an assailant. Subject battered multiple officers and resisted arrest. Taser was deployed multiple times by Officers Moussa #5509, and Thomas #15858, to subdue the subject. IPRA was notified. A complaint log number was obtained, under CL#1082513.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1082513 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

FREITAG, THOMAS H

86. TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE


DATE COMPLETED TIME

05-OCT-2016 22:36:22